

<b>Petitioner Name, SSN</b>	<b>IV-D Case:</b>	<input type="checkbox"/> TANF
		<input type="checkbox"/> IV-E Foster Care
		<input type="checkbox"/> Medicaid Only
<b>Respondent Name, SSN</b>		<input type="checkbox"/> Former Assistance
		<input type="checkbox"/> Never Assistance
	<b>Non-IV-D Case:</b>	<input type="checkbox"/>

**To:** (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Tribunal No. \_\_\_\_\_

**From:** (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Tribunal No. \_\_\_\_\_

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Bank Account \_\_\_\_\_ Routing Code \_\_\_\_\_

**Send Payments To:** (if different from above)

1. ☐ Status Request
2. ☐ Status Update
3. ☐ Notice of Hearing
4. ☐ Notice of Case Forwarding
5. ☐ Document Filed
6. ☐ Order Issued/Confirmed
7. ☐ Notice of Arrearage Reconciliation/Determination of Sum-Certain
8. ☐ Change IV-D Payee of Responding Tribunal Order
9. ☐ Redirect Payment to Obligee State
10. ☐ Other:

## II. Additional Information

[ ] Nondisclosure Finding Attached

Initiating Contact Person (Print or Type)

( ) \_\_\_\_\_  
Phone Number & Extension

Fax: ( )

E-Mail \_\_\_\_\_

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS****Petitioner Name, SSN**

**IV-D Case:** ☐ TANF  
☐ IV-E Foster Care  
☐ Medicaid Only  
☐ Former Assistance  
☐ Never Assistance  
**Non-IV-D Case:** ☐

**Respondent Name, SSN**

File Stamp

**To:** (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Tribunal No. \_\_\_\_\_

**From:** (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Tribunal No. \_\_\_\_\_

**Send Payments To:** (if different from above)

Payment FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Bank Account \_\_\_\_\_ Routing Code \_\_\_\_\_

**ACKNOWLEDGMENTS**

Return This Form to Initiating State

- ☐ Request Received and No Additional Information is Necessary  
☐ Additional Information Needed (See Remarks)  
☐ Remarks/Response

☐ Your Case has been Forwarded for Action to:

Name of Worker \_\_\_\_\_

Agency Name \_\_\_\_\_

Address, FIPS Code \_\_\_\_\_

Phone, Extension &amp; Fax \_\_\_\_\_

Person Completing Form (Print or Type)

Telephone Number &amp; Extension

Date

FAX: \_\_\_\_\_

E-mail \_\_\_\_\_

## INSTRUCTIONS FOR CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

**PURPOSE OF THE FORM:** This transmittal form is for use by either the initiating or responding jurisdiction for requesting or providing additional information or services in previously-referred cases. The CSE Transmittal #2 should not be used for making initial referrals, but should only be used for subsequent requests and communication. This form need not be sent when the Notice of Controlling Order form is sent. The CSE Transmittal #2 should be sent to the local entity working the case (rather than the State's central registry) unless the local entity working the case is unknown. Transmittal #2 may be sent electronically using the appropriate CSENet transaction.

**HEADING/CAPTION (Pages 1 & 2):** The jurisdiction which sends the CSE Transmittal #2 determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #2** and on page 2, the **Acknowledgment** page.

- Identify the petitioner and respondent name and Social Security number in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the court or agency where you are sending the CSE Transmittal #2. Once an initial referral in a IV-D case has been made to the responding State's central registry (using CSE Transmittal #1), subsequent communication can occur with the local agency/court/jurisdiction that is actually working the case (using CSE Transmittal #2).
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and Tribunal number. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The Responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction.
- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, and IV-D case number, and tribunal number. Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services.
- In the space marked "Send Payments To:" enter the address to which payments should be sent, if the address is different from the agency address provided on the form in the space above.
- In the appropriate spaces, enter the FIPS code and State where payments should be sent.
- If funds can be transmitted electronically via Electronic Funds Transfer (EFT), enter the bank account number under "Bank Account" and the bank routing code under "Routing Code".

SECTION I (page 1), ACTION: Check the appropriate box(es) to indicate which actions are requested or what information is being provided. Multiple boxes may be checked, as appropriate.

- Check **item 1** "Status Request" if you are asking for a status update. Describe the request in Section II.
- Check **item 2** "Status Update" if you are providing a status update. Provide the update in Section II.
- Check **item 3** "Notice of Hearing" if you are providing notice of an upcoming hearing. Provide dates and other information in Section II.
- Check **item 4** "Notice of Case Forwarding" if you are providing notice that you have forwarded a misdirected case to the appropriate jurisdiction. Explain in Section II.
- Check **item 5** "Document Filed" if you are providing notice that a document has been filed. Explain in Section II.
- Check **item 6** "Order Issued/Confirmed" if you are providing notice that an order has been issued or confirmed. Attach a copy of the order. If using CSENet, mail or fax as separate item.
- Check **item 7** "Notice of Arrearage Reconciliation/Determination of Sum-Certain" if you are providing notice of an arrearage reconciliation or determination of sum-certain. Attach any calculations or worksheets used. If using CSENet, mail or fax as separate item.
- Check **item 8** "Change IV-D Payee of Responding Tribunal Order" to request a change of payee in a IV-D case. Describe your request in Section II "Additional Information". This is an administrative action used when the person or agency entitled to receive funds has changed. It may occur with a change in Public Assistance or Foster Care status or with a change in custody. In some States, court action, such as a modification, may be required if there is a change in custody or foster care status.
- Check **item 9** "Redirect Payment to Obligee State" when the custodian has moved. This is an administrative action, but in some States a court action may be required if the custodian's move compels transfer of documents or funds to another jurisdiction.
- Check **item 10** "Other" if you are requesting a service or providing information other than the types listed. This would include a new nondisclosure finding by the tribunal in either the initiating or the responding State. Describe the service or information in Section II.
- Check the box beside "Please Return the Acknowledgment Attached" if an acknowledgment is needed. This is used only if requesting information or action.

SECTION II (page 1), ADDITIONAL INFORMATION: In this section, provide additional information which may be useful.

If there is an order preventing disclosure of a party's or child's address/identifying information, check the box for "Nondisclosure Finding Attached" and attach a copy of the finding. You do not need to resend a finding that was sent before. Note in Section II that the finding has already been sent. In accordance with the finding, do not provide the address/identifying information; you may provide a substitute address. A nondisclosure finding means a finding that the health, safety, or liberty of a party or child would be unreasonably put at risk by disclosure of identifying information (e.g., residential address).

UIFSA provides that interstate petitions must include certain identifying information regarding the parties and child(ren) unless a tribunal (court or agency) makes a nondisclosure finding by ordering that the address or identifying information not be disclosed. The procedures for obtaining a nondisclosure finding vary from State to State.

At the bottom of page 1, provide a specific worker's name, a direct telephone number (with extension if necessary), fax number and e-mail address to expedite communications between jurisdictions.

PAGE 2, ACKNOWLEDGMENT: When a jurisdiction sends a Transmittal #2 to another jurisdiction, it should include the acknowledgment only if the jurisdiction is **requesting** information or action. The sending State completes the Heading/Caption on this page. If the jurisdiction is sending the Transmittal #2 to **provide** notice or information, the acknowledgment is not needed.

Upon receiving a request for action or information on a Transmittal #2, the receiving State completes the rest of the acknowledgment. The acknowledgment can be used to provide any information requested on the Transmittal #2 or to indicate when (how many days or on what date) the requested information will be provided. The jurisdiction sending the acknowledgment must indicate where the case has been referred for action, and the name, telephone, fax number and e-mail address of a contact person.

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#### The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.